

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 ■ Go to www.irs.gov/Form990 for instructions and the latest information.

	A	For the	2017 calenda	r year, or tax year beginning SEPTEMBER 1 , 2017, and ending At	JGUST 31	, 20 18
	В	Check if a	pplicable C N	ame of organization U.SUKRAINE FOUNDATION	D Employ	er identification number
		Address o		oing business as	7	52-1778729
		Name cha	E Telepho	one number		
	$\overline{\Box}$	Initial retu	-	00 VERMONT AVENUE NW 600		202-789-4466
	$\bar{\Box}$			ity or town, state or province, country, and ZIP or foreign postal code		
	$\ddot{\Box}$	Amended		SHINGTON, DC 20005-4905	G Gross r	eceipts \$ 550,19
	\exists					subordinates? Yes No
	_	пррпсано				es included? Yes No
	_	Tax-exem				a list. (see instructions)
	÷	Website:			oup exemption	
	K					of legal domicile VA
		art I	Summan		31 111 01410	or legal definicité VA
	•			ibe the organization's mission or most significant activities: BUILDING PEAC	F AND PRO	SDEDITY BY
	a			B DEMOCRACY, A FREE MARKET, AND HUMAN RIGHTS FOR UKRAINE. ACTIVIT		
	JIC.	1 -				MDUCTED INKOUGH
	Ĕ			AL, TRAINING, INFORMATIONAL OUTREACH, AND PEOPLE-TO-PEOPLE EXCHA ox ▶☐ if the organization discontinued its operations or disposed of more ti		ite not accote
	ove.	1		oting members of the governing body (Part VI, line 1a)		1
	5	1				1
	se			ndependent voting members of the governing body (Part VI, line 1b) r of individuals employed in calendar year 2017 (Part V, line 2a)		1
	į	ľ			. 6	
	Activities & Governance			r of volunteers (estimate if necessary)	. 7a	4
	•				. 7a	
		b I	vet unrelate	d business taxable income from Form 990-T, line 34	Year	Current Year
			Contribution	<u> </u>		
	Revenue			s and grants (Part VIII, line 1h)	520,275	
	ver	1 5	_		78,611	
	æ	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)	281	
				ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	791	
				e-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	599,886	
				imilar amounts paid (Part IX, column (A), lines 1–3)	133,525	141,01
		1		er compensation, employee benefits (Part IX, column (A), lines 5–10)	422.040	222.27
_	Expenses	1		fundraising fees (Part IX, column (A), line 11e)	123,940	230,27
2019)en			sing expenses (Part IX, column (D), line 25) 12,237	0	
W.	EX			ses (Part IX, column (A), lines 11a–11d, 11f–24e)	475 207	240.40
6				es. Add lines 13–17 (must equal Part IX, column (A), line 25)	175,387	
-		1		s expenses Subtract line 18 from line 12	432,852	· · · · · · · · · · · · · · · · · · ·
AUG	- 8		neveriue les		167,034 Current Year	-31,52 End of Year
A	Assets or d Balances	20	Total accete	(Part X, line 16)		
	Asse	21		es (Part X, line 26)	392,453 97,197	
Ш	Fund F			r fund balances. Subtract line 21 from line 20	295,256	
5		art-II	Signature		293,230	203,72
SCANNE				declare that I have examined this return, including accompanying schedules and statements, and	to the hest of i	my knowledge and helief it i
Ö				Declaration of preparer (other than officer) is based on all information of which preparer has any kn		my knowledge and belief, it
V			1	Clare le Man	1/	24/2019
	Sig	ın	Signature	of officer	Date	7,000.7
	He		Jo	4 // //		
				rint name and title		
	<u> </u>		Print/Type p	reparer's name Preparer's signature Date	Chi	PTIN PTIN
	Pa				Check self-em	
		eparer			Firm's EIN ▶	
	US	e Only	Firm's addre		Phone no	
	Ma	y the IRS		s return with the preparer shown above? (see instructions)	. ــــــــــــــــــــــــــــــــــــ	
	_			n Act Notice, see the separate instructions. Cat No 11282Y	िर	\Form 990 (2011
				A. 1		11 0 2 2050
				()(1	8 11	11 0 2 2050 0

Form 99		Page 2
Part		
4	Check if Schedule O contains a response or note to any line in this Part III	V
1	Briefly describe the organization's mission: BUILDING PEACE AND PROPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET AND HUMAN RIGHTS FOR UK	DAINE
	DOLDING FEASE AND FROFERITT DT SUFFORTING DEMOCRACITA TREE MARKET AND HOMAN RIGHTS FOR OR	KAINL.
2	Did the organization undertake any significant program services during the year which were not listed on the	
		☐ Yes ☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
Ū		☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: 01) (Expenses \$ 174,715 including grants of \$ 84,484) (Revenue \$	44,283)
	EDUCATION PROGRAM	
	DROVIDED EDUCATIONAL TRAINING/EVOLUNICE DROCDAMS FOR AGUIZDAMIAN COVERNMENT AND NOGLEADE	ne
	PROVIDED EDUCATIONAL TRAINING/EXCHANGE PROGRAMS FOR 48 UKRAINIAN GOVERNMENT AND NGO LEADE! PARTICIPANTS BENEFIT FROM 9-DAY PROGRAMS IN THE U.S. WHICH ARE IMPLEMENTED BY THE FOUNDATION'S	*******
	LIC COMMINETY DADTNEDG, COANTO DOQUIDED, 627 000	
	U.S. COMMUNITY PARTNERS. GRANTS PROVIDED. \$37,899	•••••
	EDUCATION GRANTS AWARDED TO 133 STUDENTS IN UKRAINE. GRANTS PROVIDED: \$45,135	•••••
	EDUCATION GRANT FOR ZHELDETS PUBLIC SCHOOL IN UKRAINE. GRANT PROVIDED \$250	
	EDUCATION GRANT FOR CANADA UKRAINE FOUNDATION FOR SCHOLARSHIPS. GRANT PROVIDED: \$1,200	
4b	(Code: 02) (Expenses \$ 158,668 including grants of \$ 33,250) (Revenue \$	8,440)
	PONIONIO DEVELORMENT DECEDAM	
	ECONOMIC DEVELOPMENT PROGRAM	
	SUPPORT FOR UKRAINE'S ECONOMIC DEVELOPMENT THROUGH PROMOTIONAL ACTIVITIES SUCH AS SPONSORI	NG A "UKRAINF
	BIOTECHNOLOGY INITIATIVE BOOTH" AT BIO.ORG'S INTERNATIONAL BIOTECH CONVENTION IN BOSTON AND SP	
	"UKRAINE TRAVEL BOOTH" AT THE NEW YORK TIMES TRAVEL SHOW IN NEW YORK CITY.	
	PROFESSIONAL DEVELOPMENT TRAVEL GRANTS AWARDED TO 18 BIOTECH PROFESSIONALS. GRANTS PROVID	ED: \$33,250
	•	

4-	(Code: 02 \/Evennes \$ 25 454 maludent events of \$ 0\/Devenus \$	
4c	(Code: 03) (Expenses \$ 25,151 including grants of \$ 0) (Revenue \$	0)
	INFORMATIONAL SERVICES PROGRAM	
	IN ONITA HONAL SERVICES FROGRAM	
	CONDUCTED MEETINGS AND PRESENTATIONS FOR THE PUBLIC REGARDING UKRAINE'S DEMOCRACY AND THE	CONTINUING
	CRISIS FACING THE COUNTRY AND ITS LEADERSHIP. COLLABORATED WITH MANY NON-PROFITS IN HOLDING TH	
	INFORMATIONAL EVENTS.	
	INFORMED THE PUBLIC REGARDING UKRAINE'S GOVERNANCE AND CIVIL SOCIETY VIA E-NEWSLETTERS, POSTA	L MAILINGS,
	WEBSITES AND SOCIAL MEDIA NETWORKS.	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ 25,825 including grants of \$ 23,277) (Revenue \$ 0) Total program service expenses ▶ \$ 384,359	
70	Total program service expenses ► \$384,359	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		Form	990	(0017)

Part	Checklist of Required Schedules (continued)			,
20 -	Did the evapousetion energies one as more hospital facilities? If IIVan II accordate Cabadula II		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>√</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a		10	_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u></u>
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		
b	and services provided to the payor?	7a 7b		✓
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11_	Section 501(c)(12) organizations. Enter.			
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
h	If "Ves" has it filed a Form 720 to report these payments? If "No" provide an evaluation in Schedule O	14h		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<u>. Ц</u>
Secu	on A. Governing body and Management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			-
ıu	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		1	
	committee, explain in Schedule O.	ļ		;
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6		
10	one or more members of the governing body?	70		1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		V
D	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		•
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		7
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		/
	Other officers or key employees of the organization	15b		√
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
Section	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply.		,,-,-	,/
	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
	JOHN A. KUN, U.SUKRAINE FOUNDATION, 1090 VERMONT AVE NW - SUITE 600, WASHINGTON, DC 20005-4905			

Part VII	Compensation of Officers, Dir	rectors, Trustees	, Key Employees,	Highest C	ompensated	Employees,	and
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ated any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, office	not ch unles	Pos neck ss pe d a d	c) ition more rson irect	e than o	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NADIA K. McCONNELL	40									
PRESIDENT/DIRECTOR		1		1				\$12,500	\$0	\$0
(2) ROMAN POPADIUK	16									
CHAIRMAN/DIRECTOR		1						\$0	\$0	\$0
(3) OREST DEYCHAKIWSKY	10									
VICE CHAIRMAN/DIRECTOR		✓						\$0	\$0	\$0
(4) ВОВ НЕАТН	5									
DIRECTOR		1						\$0	\$0	\$0
(5) GEORGE MASIUK	5	}								
DIRECTOR	1	1	_	_	L		_	\$0	\$0	\$0
(6) WILLIAM GREEN MILLER	5						l			
DIRECTOR		✓						\$0	\$0	\$0
(7) JIM O'BEIRNE	5									
DIRECTOR		✓	L					\$0	\$0	\$0
(8) JON QUEEN	5									
DIRECTOR		4		_			L	\$0	\$0	\$0
(9) DAVID RIGSBY	5		1				ĺ			
DIRECTOR		✓					_	\$0	\$0	\$0
(10) MICHAEL SNYTKIN	8		1							
DIRECTOR		✓					_	\$0	\$0	\$0
(11) TEMURI YAKOBASHVILI	5									
DIRECTOR		✓	L		_			\$0	\$0	\$0
(12) JOHN A. KUN	40		1						3-1	
VICE PRESIDENT			L	✓		✓		\$76,860	\$0	\$0
(13) MARKIAN BILYNSKYJ	40									
VICE PRESIDENT			_	✓			_	\$8,400	\$0	\$0
(14)										
			L							

(20) (21) (22) (23) (24) (25) 1b Sub-total	Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(15) Name and tells Name and												
Pour part Pour				(do n	ot ch			than o	one			
None		Name and title		box,	unles	s pe	rson	is both	n an			
15 15 16 17 17 17 18 18 18 18 18			week (list any			_	_		, ,	from	related	other
15 15 16 17 17 17 18 18 18 18 18				div	ıstıtı) fic	ey e	mg a	9			
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total .				dual	tion	1	ם	st co	4			
(15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total .				รู้ร	al tr		oyee	dic	l			
(15) (16) (17) (19) (20) (21) (22) (23) (24) (25) (25) 1 b Sub-total .				tee	uste		"	ensa				
(15). (17). (18). (19). (20). (21). (22). (23). (24). (25). (25). 1 b Sub-total .								8				
(17). (18). (29). (20). (21). (22). (23). (24). (25). 1b Sub-total. (25). 1c Total from continuation sheets to Part VII, Section A. (26). (27). (28). (29). (29). (29). (29). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (28). (29). (29). (29). (29). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (29). (29). (29). (29). (29). (20). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (29). (29). (29). (29). (20). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (26). (27). (27). (28). (29). (29). (29). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (26). (27). (27). (28). (29). (29). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (26). (27). (27). (28). (28). (29). (29). (20). (20). (21). (22). (23). (24). (25). (26). (27). (27). (28). (29). (29). (20). (20). (21). (21). (22). (23). (24). (25). (26). (27). (27). (28). (29). (29). (29). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (29). (29). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (29). (20). (20). (21). (22). (23). (23). (24). (25). (25). (26). (27). (27). (28). (29). (29). (29). (20). (20). (21). (21). (22). (23). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (20). (20). (21). (21). (22). (23). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (20). (21). (21). (22). (23). (23). (24). (25). (25). (27). (27). (28). (29). (29). (29). (20). (21). (21). (27). (27). (27). (28). (29). (29). (20). (21). (27). (27). (27). (27). (28). (29). (29). (20). (21). (27). (27). (27). (28). (29). (29). (20). (21). (27). (27). (27). (28). (29). (29). (20). (20). (21). (27). (27). (27). (28). (29). (29). (20). (20). (21). (21). (22). (23). (24). (25). (25). (27). (27). (27). (27). (27). (27). (27). (27). (28). (29). (29). (20). (20). (21). (21). (20	(15)											
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(29) (22) (23) (24) (25) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1c Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization stax year. (A) Name and business address Compensation NONE												
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(21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (27) (28) (29)	(20)			ļ			-		⊢	ļ		
(22)	1201											
(22)	(21)				Н		\vdash		\vdash			
(23) 1b Sub-total												
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1b Sub-total	124)											
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Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c). Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► NONE Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	J											
Total (add lines 1b and 1c)	1b								>	\$97,760	\$(\$0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► NONE 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-				•	•		•				
Total number of independent contractors (including but not limited to those listed above) who								<u>.</u>	<u> </u>			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			to th	ose	list	ed a	above	e) w			00 of
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organi	Zation		_					NONE	·	Vec No
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any former of	ficer, direc	tor, o	r tr	uste	ee,	key e	emp	oloyee, or high	est compensat	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	ındı	vidu	ıal			<i></i>	
Individual	4											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person										complete Sch	edule J for su	
for services rendered to the organization? If "Yes," complete Schedule J for such person	_											
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who	5											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who	Section		1 100, 0	Ompr	0.0	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0, 3	den person		12 4
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE 2 Total number of independent contractors (including but not limited to those listed above) who	-		compensate	ed inc	depe	ende	ent	contr	acto	ors that receive	ed more than \$1	00.000 of
(A) Name and business address NONE (B) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who												
None and business address Description of services Compensation None Total number of independent contractors (including but not limited to those listed above) who		year.										
NONE 2 Total number of independent contractors (including but not limited to those listed above) who												
Total number of independent contractors (including but not limited to those listed above) who			ress		_		_			Description of s	ervices	Compensation
		NONE							-			
									-			
								-	-			
	2								th	ose listed abo	ove) who	

Part	VIII	Statement of Reve							_
		Check if Schedule O	contains	a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>8</u> 8	1a	Federated campaigns		1a	940		revenue		512-514
ant	ь	Membership dues .		1b	848			1/1	
Q E	c	Fundraising events .		1c					
ifts Ir A	ď	Related organizations		1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (cont		1e	74,415			11	
Sir	f	All other contributions, gif			74,413			11	
ber		and similar amounts not incli		1f	418,191)			
E D	a	Noncash contributions included in lines 1a-1f: \$			410,101			1	
Cor	h	Total. Add lines 1a-1f				494,454			
e					Business Code	10 1/10 1			
lue/	2a	TRANSLATIONS PROF	L EXCHAN	GE	561000	34,383	34,383	0	0
Re	ь	FEE INCOME TRAVEL S	SHOW REP	RE	561000	8,440	8,440	0	0
ice	С	PROJECT ADMIN/OVER	RHEAD - EI	OUC	561000	9,900	9,900	0	0
Šen	d								
Ē	е								
Program Service Revenue	f	All other program serv							
ď	g	Total. Add lines 2a-2f				52,723			
	3	Investment income (i	including	divid	ends, interest,				
		and other similar amou			,	371			371
	4	Income from investment							
	5	Royalties							
			(ı) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses						- 19	
	С	Rental income or (loss)							
	d	Net rental income or (I							
	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other				
		assets other than inventory				7			
	b	Less: cost or other basis and sales expenses .							
	0	Gain or (loss) L						····	
	ď	ivet gain or (ioss) .			▶				
venue	8a	Gross income from fur events (not including \$	ndraising						
Other Re		of contributions reported See Part IV, line 18 .							
₹		Less: direct expenses					.		
		Net income or (loss) fro			events . >	<u> </u>			
	9a	Gross income from gar			į				
		See Part IV, line 19 .					-		
		Less: direct expenses							······
		Net income or (loss) from	-	_	vities ▶				
İ	10a	Gross sales of inv							
		returns and allowances							
		Less: cost of goods so							
-	С	Net income or (loss) from Miscellaneous Re		or inve	entory Business Code				
	44-			_				······································	
		UNREALIZED GAIN - SE			523000	2,644			
	b							· · -	
	c	All other revenue						-	
	d	All other revenue . Total. Add lines 11a-1			L				······································
	e 12	Total revenue See in				2,644			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complet	all columns. All other organizations must complete column (A).	
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Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	37,899	37,899	•					
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0	0						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign			11	1				
	individuals. See Part IV, lines 15 and 16	103,112	103,112						
4	Benefits paid to or for members	0	0						
5	Compensation of current officers, directors,								
	trustees, and key employees	156,426	80,230	76,196	0				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and			<u> </u>					
_	persons described in section 4958(c)(3)(B)	0	0	0	0				
7	Other salaries and wages	43,125	43,125	0	0				
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	0	0	0	0				
9	Other employee benefits	14,627	0	14,627	0				
10	Payroll taxes	16,006	0	16,006	0				
11_	Fees for services (non-employees):								
а	Management	0	0	0	0				
b	Legal	0	0	0	0				
6	Accounting	11,170	0	11,170	0				
d e	Lobbying	0	0	0	0				
f	Investment management fees	0	0	0	0				
g	Other. (If line 11g amount exceeds 10% of line 25, column	- 0			0				
9	(A) amount, list line 11g expenses on Schedule O)	22,800	22,800	0	0				
12	Advertising and promotion	22,800	0	0	0				
13	Office expenses	25,331	5,336	9,066	10,929				
14	Information technology	11,516	11,325	191	0,525				
15	Royalties	0	0	0	0				
16	Occupancy	34,217	0	34,217	0				
17	Travel	20,344	8,183	12,161	0				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0	0	0	0				
19	Conferences, conventions, and meetings .	74,716	72,259	1,149	1,308				
20	Interest	9,317	0	9,317	. 0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization .	0	0	0	0				
23	Insurance	1,023	0	1,023	0				
24	Other expenses, itemize expenses not covered	_		-	Dec 19 2				
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
	(A) amount, list line 24e expenses on Schedule O.)								
a		0	0	0	0				
Ь		0	0	0	0				
c		0	. 0	0	0				
d	All other expenses	0	0	0	0				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	- 0	204 250	495 423	12 227				
25 26	Joint costs. Complete this line only if the	581,719	384,359	185,123	12,237				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

	art X					
		Check if Schedule O contains a response or	note to any line in this Pa	art X		<u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		. 106	1	106
	2	Savings and temporary cash investments	313,009	2	330,623	
	3	Pledges and grants receivable, net		0	3	0
	4			49,500	4	39,153
	5	Loans and other receivables from current and	former officers, directors,	This last the last to	如识	建筑市中华市大学院
		trustees, key employees, and highest co	mpensated employees.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volume				
ets		organizations (see instructions). Complete Part II of Sche		0	_	0
Assets	7	Notes and loans receivable, net '		` 0	_	0
⋖	8	Inventories for sale or use			-	0
	9	t topale outposition and account of the same ground		3,128	9	683
	10a	Land, buildings, and equipment: cost or			15 .01	
		other basis. Complete Part VI of Schedule D	10a 0		7 m 3	
	b	Less: accumulated depreciation	10b 0	. 0		0
	11			26,710		29,354
	12	Investments—other securities. See Part IV, line 1		0	-	0
	13	Investments—program-related. See Part IV, line		0		0
	14	Intangible assets	0	_	0	
	15	Other assets. See Part IV, line 11		0	-	0
	16	Total assets. Add lines 1 through 15 (must equa		392,453		399,919
	17	Accounts payable and accrued expenses		75,392		73,291
_	<u>.</u> 18 19	Grants payable		0	_	55,289
	20	Deferred revenue	16,484		0	
	21	Escrow or custodial account liability. Complete		0	21	0
(A	22	Loans and other payables to current and for		される。 「日本の一年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	id Co	ILANGE PESMANCH MAJANA
Liabilities	22	trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu		誑		
į	00			0		0
_	23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		0		0
	25	Other liabilities (including federal income tax,	•	0	24	0
	25	parties, and other liabilities not included on lines	-			
		of Schedule D	· · · · · · · · ·	5,321	25	7,610
	26	Total liabilities. Add lines 17 through 25		97,197		136,190
_		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ □ and	CHANGE TO A	1 FU 64	A. WH STREET
ë		complete lines 27 through 29, and lines 33 and			3.	
J.	27	Unrestricted net assets		86,518	27	37,525
<u>af</u>	28	Temporarily restricted net assets		81,503		63,789
P	29	Permanently restricted net assets		127,235	_	162,415
Ë		Organizations that do not follow SFAS 117 (ASC 95			11.00	THE STREET WITH THE PARTY OF TH
or F		complete lines 30 through 34.				一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building, or ed			31	
As	32	Retained earnings, endowment, accumulated inc			32	
Vet	33	Total net assets or fund balances		295,256	33	263,729
_	34	Total liabilities and net assets/fund balances .		392,453		399,919
						- 000

n	- 4	2
Page	•	_

ırm 9	90 (2017)			Pa	ige 1
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Z
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	0,19
2	Total expenses (must equal Part IX, column (A), line 25)	2		58	31,71
3	Revenue less expenses. Subtract line 2 from line 1	3			1,52
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,2
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		2.	10,59
7	Investment expenses ,	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(21	0,59
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		26	3,72
art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expl Schedule O.	ain in	a .		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compilereviewed on a separate basis, consolidated basis, or both:		2a	1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	on a	2b	-	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				* .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
_	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	laın ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?		3a		1
					Ť
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	SUKRAINE FOUNDATION						78729
_	rt I Reason for Public Chari						ons.
1 2 3 4	A school described in section 1 A hospital or a cooperative hos	es, or associations, or associations (a) (1) (4) (ii). (ii). (iii). (iii	on of churches descri (Attach Schedule E (F panization described i	ibed in se form 990 n sectior	ection 17 or 990-E n 170(b)(1	0(b)(1)(A)(i). Z).) I)(A)(iii).	07 (iii). Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	ai unit described in
6 7	=	eceives a subs	tantial part of its sup				n the general public
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organiz or university or a non-land-gran university:						
10	An organization that normally re receipts from activities related t support from gross investment acquired by the organization aff	o its exempt fui income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33 ¹ /3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12	An organization organized and o	operated exclus	ively for the benefit o	f. to perfo	orm the fu	unctions of, or to cal	rv out the ourposes
	of one or more publicly suppor Check the box in lines 12a throu	ted organization	ns described in secti	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
t	Type II. A supporting organic control or management of the organization(s). You must c	ne supporting o	rganization vested in	the same			
C	ts supported organization(s						ally integrated with,
C	Type III non-functionally in that is not functionally integr requirement (see instruction	rated. The organ	nization generally mu	st satisfy	a distribu	ition requirement an	
e	Check this box if the organize functionally integrated, or Ty						e II, Type III
f	Enter the number of supported or	· ·			3		
g	g Provide the following information	_					
	(i) Name of supported organization			(iv) Is the o	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		_
A)							
B)							
C)							
D)							
E)							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (d) 2016 (b) 2014 (e) 2017 (f) Total Gifts. grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 626,136 823,032 544,216 520,275 494,454 3,008,113 levied revenues for organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge O Total. Add lines 1 through 3. . . . 626,136 823,032 544,216 520,275 494,454 3,008,113 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 687,775 Public support. Subtract line 5 from line 4 2,320,338 Section B. Total Support **(b)** 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 626,136 823,032 544,216 520,275 494,454 3,008,113 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 263 353 280 281 371 1,548 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 22,060 51,027 52,149 78,611 52,723 256,570 11 Total support. Add lines 7 through 10 3,266,231 12 256,570 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 71.04 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked to If the organization fails to qualify						nder Part II.
Secti	on A. Public Support	diaci inc ic	313 listed bei	ow, picase co	ompiete i ait		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(4)	(0)	(-)	(0, 20) .	(,, -0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		\				
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	on B. Total Support						•
	dar year (or fiscal year beginning in)	(a) 2013	" (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			\			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				\		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			, or fifth tax ye		
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2017 (line i					15	%
16	Public support percentage from 2016 Scl					16	%
Secti	on D. Computation of Investment In	come Percei	ntage			Ì	
17	Investment income percentage for 2017 (17	1 %
18 19a	Investment income percentage from 2016 331/3% support tests—2017. If the organ	ization did not	check the box	on line 14, ai	nd line 15 is m		
b	17 is not more than 33½%, check this box 33½% support tests—2016. If the organiz	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	331/3%, and
	line 18 is not more than 331/3%, check this					· · ·	, –
_20	Private foundation. If the organization di	d not oheck a	box on line 14	, 19a, or 19b, c	check this box	and see instru	ctions 🖹 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule	A (Form	990 0	- 99n-	F7) 2	ก17

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Part	Supporting Organizations (continued)			uge o
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	:		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		<u> </u>
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			لــــا
Socti	on C. Type II Supporting Organizations	2		
Secu	on C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
Ь	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ions)
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
1.	· · · · · · · · · · · · · · · · · · ·	2a		 -
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		 -l
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	. 10-00	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III support	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016	-		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$:	
а	Applied to underdistributions of prior years			
ь	Applied to 2017 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			į
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:	-		
	Excess from 2013			
b b				
C				
d	Excess from 2016			
	Excess from 2017			
C	EACGOS HOTH ZOTT , , ,			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
U.SU	CRAINE FOUNDATION		52-1778729
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	nt funds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · □ Yes □ No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	☐ Preservation of land for public use (e.g., recrea		f a historically important land area
	☐ Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified I		
d	Number of conservation easements included in	• • •	
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	
	tax year ▶		
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re-		pection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b>		•
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$		• •
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
-Part	III- Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide the following amounts relati	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

	le D (Form 990) 2017	0-111	And Item			Man Cincila A	Page 2
3	Organizations Maintaining Using the organization's acquisition,	accession, and o					
	collection items (check all that apply):		-	<b>-</b>			
a	Public exhibition		d [	Loan or exch			
b	Scholarly research		e L	Other			
4	Preservation for future generations Provide a description of the organiza		and expla	in how they furt	her the or	ganızatıon's exer	npt purpose in Par
	XIII.						
5	During the year, did the organization assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.					•	
1a	Is the organization an agent, trustee	, custodian or oth	ner interm	ediary for contr	ibutions o	r other assets n	ot
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fol	lowing table [.]			
					<u> </u>	A	mount
C	Beginning balance						
d							
0	Distributions during the year						
f	Ending balance					<del>f</del>	0 O V O V -
	Did the organization include an amount if "Yes," evaluation the agreement in B						
Par	If "Yes," explain the arrangement in P. Endowment Funds.	art XIII. Check her	e ir the ex	pianation has be	en provid	led on Part XIII .	· · · <u> </u>
rai	Complete if the organization	answered "Ves	" on Forn	n 000 Part IV	lino 10		
	Complete it the organization	(a) Current year	(b) Prio		years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	(0) 00/10/1/1/10/1	(4)	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)	(0), 00. )00.0 00.0
b	Contributions						
C	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships	·					
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year er	nd balance	(line 1g, colum	n (a)) held	as.	
а	Board designated or quasi-endowment	nt ▶	<u>%</u>				
b	Permanent endowment	%					
C	Temporarily restricted endowment ▶	%					
•	The percentages on lines 2a, 2b, and						
За	Are there endowment funds not in the	e possession of th	ne organiz	ation that are h	eld and a	dministered for th	
	organization by:						Yes No
	(i) unrelated organizations					• • • • • •	3a(i)
L	(ii) related organizations						3a(ii)
b 4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses				π'		3b
Part			on a endo	willett fullus.			
r an t	Complete if the organization		" on Form	n 990 Part IV	line 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or of		(b) Cost or other ba		Accumulated	(d) Book value
	, r. r. r. r. y	1 , -,			1 10		,

# Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (other) (other) (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (other) (f) Accumulated depreciation (other) (other) (other) (other) (other) (other)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . .

Part VII	Investments—Other Securical Complete of the organization	n answered "Yes" on Fo	orm 990, I	aπ IV, line	11b. See Fo	rm 990, Part X, line 12
	(a) Description of security or c (including name of securi	ategory		ok value	(c) f	Method of valuation and-of-year market value
1) Financial	derivatives					
2) Closely-h	held equity interests					
3) Other						
(A)		· · · · · · · · · · · · · · · · · · ·				<u> </u>
(B)						
(C)						
(D)						
(E)						· <del>-</del>
(F)	***************************************					
(G)						
(H)	h) must so of Form OOA Dark V and /D) to a	(A ) b	-			
Part VIII	b) must equal Form 990, Part X, col (B) line 1 Investments—Program Re					
Part VIII	Complete if the organization		rm 000 I	Part IV June	110 See Fee	rm 990 Part V line 13
	(a) Description of investm			ok value		Method of valuation
	(a) Description of investm	ent	(6) 60	ook value		end-of-year market value
(1)			+	-		
(2)						WY Y Y
(3)			<del>                                     </del>			
(4)			<del> </del>			
			<u> </u>			
(5)						
					-	
(6)			1			
(6) (7)						
(6) (7)						
	b) must equal Form 990, Part X, col. (B) line 1	3.) ▶				
(6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 1 Other Assets.	3.) ▶				
(6) (7) (8) (9) Total. (Column (l		·	orm 990, F	Part IV, line	11d. See Fo	rm 990, Part X, line 15
(6) (7) (8) (9) [otal. (Column (l	Other Assets.	·	orm 990, f	Part IV, line	11d. See Fo	rm 990, Part X, line 15 (b) Book value
(6) (7) (8) (9) Total. (Column (I	Other Assets.	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Total. (Column (I	Other Assets.	n answered "Yes" on Fo	orm 990, f	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Total, (Column (I Part IX	Other Assets.	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	
(6) (7) (8) (9) [otal. (Column (I Part IX (1) (2) (3)	Other Assets.	n answered "Yes" on Fo	orm 990, f	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Fotal. (Column (I Part IX (1) (2) (3) (4) (5)	Other Assets.	n answered "Yes" on Fo	orm 990, f	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Fotal. (Column (li Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Fotal. (Column (l Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Total. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	
(6) (7) (8) (9) Fotal. (Column (li Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization	n answered "Yes" on Fo	orm 990, I	Part IV, line		(b) Book value
(6) (7) (8) (9) Fotal. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets.  Complete if the organization	n answered "Yes" on Fo	orm 990, F	Part IV, line	11d. See Fo	(b) Book value
(6) (7) (8) (9) Fotal. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization  mn (b) must equal Form 990, Part Other Liabilities.	n answered "Yes" on Fo				(b) Book value
(6) (7) (8) (9) Fotal. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets. Complete if the organization  mn (b) must equal Form 990, Par  Other Liabilities. Complete if the organization	n answered "Yes" on Fo				(b) Book value
(6) (7) (8) (9) Total. (Column (I Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	mn (b) must equal Form 990, Par Other Liabilities. Complete if the organization line 25.	answered "Yes" on Fo				(b) Book value
(6) (7) (8) (9) Total. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization of liability	n answered "Yes" on Fo	· ·			(b) Book value
(6) (7) (8) (9) Total. (Column (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	mn (b) must equal Form 990, Part Other Liabilities. Complete if the organization of liability	answered "Yes" on Fo	orm 990, F			(b) Book value
(6) (7) (8) (9) Total. (Column (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Other Assets. Complete if the organization  mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25.  (a) Description of hability income taxes	answered "Yes" on Fo				(b) Book value
(6) (7) (8) (9) Fotal. (Column (l) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) FICA (3) STATE M	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value
(6) (7) (8) (9) Fotal. (Column (l) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  (1) Federal in (2) FICA (3) STATE M (4) 401(K) PI	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo				(b) Book value
(6) (7) (8) (9) Fotal. (Column (li Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (li Part X (1) Federal in (2) FICA (3) STATE W (4) 401(K) PI (5)	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value
(6) (7) (8) (9) Fotal. (Column (li Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X  (1) Federal in (2) FICA (3) STATE W (4) 401(K) PI (5) (6)	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value
(6) (7) (8) (9) Fotal. (Column (II Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federal in (2) FICA (3) STATE W (4) 401(K) PI (5) (6) (7)	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value
(6) (7) (8) (9) Fotal. (Column (II) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (II) Part X  I. (1) Federal in (2) FICA (3) STATE M (4) 401(K) PI (5) (6) (7) (8)	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value
(6) (7) (8) (9) Fotal. (Column (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	mn (b) must equal Form 990, Para Other Liabilities. Complete if the organization line 25. (a) Description of hability income taxes	answered "Yes" on Fo	2,047 2,962 1,375			(b) Book value

Part				Return.	
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			4	700 707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			i i	760,787
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		210,595		
c	Recoveries of prior year grants	1	210,393		
đ	Other (Describe in Part XIII.)		0		
	Add lines 2a through 2d			2e	210,595
3	Subtract line 2e from line 1			3	550,192
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			000,102
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
	Other (Describe in Part XIII.)		0		
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	550,192
Part				r Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	792,314
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a	210,595		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	210,595
3	Subtract line 2e from line 1			3	581,719
	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b		0		
	Other (Describe in Part XIII.)		0		
c	Add lines 4a and 4b			4c	<u>-</u> 0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir Supplemental Information.	e 18.) .		5	581,719
2; Part PART >	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part C-OTHER LIABILITIES  TIES HAVE BEEN INCLUDED IN AUDITED FINANCIAL STATEMENTS. AMOU	to provid	e any additional inf	ormation.	
RESPE	CTIVE JURISDICTIONS AS REQUIRED.				

	Supplemental In	formation (continu	ed)		• ••	
ZIT-AIII	Juppiomontal III					
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	***************************************					
	***************************************				• • • • • • • • • • • • • • • • • • • •	
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				***************************************		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2017

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number **U.S.-UKRAINE FOUNDATION** 52-1778729 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total expenditures for and investments (a) Region (b) Number of (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is employees, agents, and offices in the region (by type) (such as, a program service, describe specific type of fundraising, program services, investments, grants to recipients located in the region) region service(s) in the region in the region contractors in the region (1) UKRAINE PROGRAM SERVICES **GRANTS - STUDENTS** \$ 45,135 (2)PROGRAM SERVICES GRANTS - BIOTECH PROF' \$ 33,250 (3) PROGRAM SERVICES **GRANTS - ORGANIZATION** \$ 23,527 (4) DEMOCRACY PROJECTS PROGRAM SERVICES \$ 11,246 (5) CANADA PROGRAM SERVICES **GRANT - ORGANIZATION** \$ 1,200 (6)(7) (8)(9) (10)(11)(12)(13)(14)(15) (16)(17)3a Sub-total 114,358 Total from continuation

0

1

O

4

sheets to Part I . . .

c Totals (add lines 3a and 3b)

114,358

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, . Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

							2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.50500:	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ε			UKRAINE	GENERAL SUPPORT	\$ 7,277	\$ 7,277 BANK WIRES/CASH	\$ 360	\$ 360 RENTAL SPACE	FMV
(2)			UKRAINE	HUMANITARIAN AID	\$ 8,500	\$ 8,500 BANK WIRES	0 \$		
<u>(S</u>		,							
<u> </u>									
(2)		:							
9									
_6									
(8)									
(6)								:	
(10)									
(11)									
(12)		:							
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2017

Part III Grants at

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	UKRAINE	133	\$ 45,135	45,135 CASH PAYMENTS	0 \$		
(2) PROF'L DEV TRAVEL GRANTS UKRAINE	UKRAINE	18	\$ 33,250	33,250 BANK WIRESICASH	\$		
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)			at				
(10)							
(11)			7 -				
(12)							
(13)			,				
(14)							
(15)			-			•	
(16)							
(17)			-				
(18)							
			-			Sch	Schedule F (Form 990) 2017

Part	V Foreign Forms			
1	the organization may be re	S. transferor of property to a foreign corporation during the tax year? If "Yes," equired to file Form 926, Return by a U.S. Transferor of Property to a Foreign as for Form 926)	☐ Yes	☑ No
2	may be required to separ Trusts and Receipt of Cert	an interest in a foreign trust during the tax year? If "Yes," the organization rately file Form 3520, Annual Return To Report Transactions With Foreign ain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign ee Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	the organization may be red	an ownership interest in a foreign corporation during the tax year? If "Yes," quired to file Form 5471, Information Return of U.S. Persons With Respect To ns (see Instructions for Form 5471)	Yes	☑ No
4	qualified electing fund during information Return by a S	rect or indirect shareholder of a passive foreign investment company or a ng the tax year? If "Yes," the organization may be required to file Form 8621, thareholder of a Passive Foreign Investment Company or Qualified Electing Form 8621)	☐ Yes	☑ No
5	the organization may be re	an ownership interest in a foreign partnership during the tax year? If "Yes," equired to file Form 8865, Return of U.S. Persons With Respect to Certain instructions for Form 8865)	☐ Yes	✓ No
6		any operations in or related to any boycotting countries during the tax year? If y be required to separately file Form 5713, International Boycott Report (see adon't file with Form 990)	Yes	✓ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART 1 - MONITORING OF GRANT FUNDS - THE FOUNDATION USES ITS STAFF TO MONITOR FUNDS IN UKRAINE (FUNDS WIRED FROM
THE U.S.) CONTACT WITH RECIPIENT ORGANIZATIONS IS MAINTAINED TO ASSURE PROPER PROGRAM USE OF FUNDS.
IN UKRAINE, ALL CASH DISBURSEMENTS FROM THE FOUNDATION REQUIRE SIGNATURES FROM PERSONS RECEIVING CASH AS WELL
AS FROM INDIVIDUALS PROVIDING CASH. ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO THE FOUNDATION IN THE U.S. ON A
MONTHLY BASIS, AS PART OF AN OVERALL FINANCIAL REPORT. WHEN CONTRACTORS OR AGENTS FOR THE FOUNDATION ARE USED
THE REQUIREMENTS, AS INDICATED ABOVE, ARE ALSO FOLLOWED.
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PART I, II, III - ACCOUNTING METHOD - THE FOUNDATION USES THE ACCRUAL METHOD OF ACCOUNTING.
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

1545-0047	17	
OMB No	20	

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Open to Public Inspection

° U Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number S ✓ Yes 52-1778729 EDUCATIONAL EDUCATIONAL EDUCATIONAL EDUCATIONAL EDUCATIONAL Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance XX ٨ Z/A Z Z ΑN (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. \$0NA \$0|N/A \$0|N/A \$0|N/A (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \$8,733 \$8,834 \$7,450 \$7,328 \$5,554 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 47-0390618 26-0063513 71-0562233 37-1376914 81-0554367 (p) EIN (2) UKR GENOCIDE FAMINE FOUN 16 TOULOUSE CT, LITTLE ROCK, AR 109 N. 7th STREET, SPRINGFIELD, IL 122 E. ARRELLAGA ST, S BARBARA 2249 W. SUPERIOR ST, CHICAGO, IL (4) FRIENDS OF SPRNGFIELD INTI (5) SANTA BARBARA CINCO MAY 1 (a) Name and address of organization (1) BIRMINGHAM SISTER CITIES 701 N 20TH ST, BIRMINGHAM, AL (3) GLOBAL TIES ARKANSAS J.S.-UKRAINE FOUNDATION or government Name of the organization Part I Part E 8 S 9 9 9 Ξ (12)

Schedule I (Form 990) (2017)

Cat No 50055P

Schedule 1 (F	schedule I (Form 990) (2017)
Part III	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	1
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. E						1
4						ı
5		-				I
9						I
		-				. I
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART 1-LINE 2	e the information r	equired in Part I, IIn	e 2; Part III, columr	(b); and any other addit	ional information.	1
, GRANT FUNDS ARE DISBURSED FOLLOWING THE SIGNING OF A GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT	GNING OF A GRANT A	, \GREEMENT THAT OU	TLINES TIME, ACTIVIT	Y AND BUDGET PARAMETEI	RS. THE GRANTEE MUST SUBMIT	: :
NARRATIVE AND FINANCIAL REPORTS AT THE CONCLUSION OF THE GRANT PERIOD. COPIES OF RECEIPTS AND OTHER FINANCIAL DOCUMENTATION MUST BE SUBMITTED	LUSION OF THE GRA	INT PERIOD. COPIES	OF RECEIPTS AND OT	HER FINANCIAL DOCUMENT	ATION MUST BE SUBMITTED	:
TO SUBSTANTIATE GRANT EXPENSES. ANY CASH DISBURSEMENTS BY THE GRANTEE MUST BE DOCUMENTED WITH SIGNATURES.	ISBURSEMENTS BY 1	THE GRANTEE MUST B	E DOCUMENTED WITI	H SIGNATURES.		;
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		-			Schedule I (Form 990) (2017)	16
		-				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

U.SUKRAINE FOUNDATION	52-1778729
FORM 990 - PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
4d - CODE 04 - EXPENSES \$9,625 - INCLUDING GRANTS OF \$7,277 - REVENUES \$0	
PUBLIC POLICY PROGRAM	
SUPPORT FOR FRIENDS OF UKRAINE NETWORK INITIATIVE, AN ACTIVITY BRINGING TOGETHER SO	HOLARS AND EXPERTS ON UKRAINE
TO REVIEW U.S. POLICIES RELATING TO UKRAINE AND TO RECOMMENT POSSIBLE CHANGES FIN	ANCIAL SUPPORT ALSO FOR THE
PYLYP ORLYK INSTITUTE FOR DEMOCRACY, A PUBLIC POLICY ORGANIZATION IN KYIV, UKRAINE, WHICH ASSISTS UKRAINIAN POLICY	
MAKERS IN DEMOCRACY-BUILDING EFFORTS. GRANT PROVIDED TO PYLYP ORLYK INSTITUTE FO	R DEMOCRACY: \$7,277
4d - CODE 05 - EXPENSES: \$16,200 - INCLUDING GRANTS OF: \$16,000 - REVENUES: \$0	
HEALTH CARE & HUMANITARIAN AID PROGRAM	
GRANT SUPPORT FOR HUMANITARIAN AID ORGANIZATION IN KHARKIV, UKRAINE · \$8,500, GRANT AIDING HUMAN TRAFFICKING	
VICTIMS IN ODESA, UKRAINE: \$2,500, GRANT AIDNG CRIMEAN TATARS IDPS (CRIMEA SOS) IN UKRA	AINE: \$5,000
FORM 990 - PART VI - SECTION B. POLICIES	·
LINE 11b - THE FOUNDATION PROVIDES THE 990 FORM AND SCHEDULES TO THE FOUNDATION'S B	OARD OF DIRECTORS. TIME IS
ALLOWED TO REVIEW THE DOCUMENTS AT BOARD MEETINGS.	
FORM 990 - PART VI - SECTION C. DISCLOSURE	•••••
LINE 19 - THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: https://www.u	sukraine.org/reports/
THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE UPON DEMAND. THROUGH ITS NEV	VSLETTER, THE FOUNDATION
NOTIFIES ITS SUPPORTERS THAT THESE PUBLIC DOCUMENTS ARE AVAILABLE.	
FORM 990 - PART XI - RECONCILIATION OF NET ASSETS	
LINES 6,9 - DONATED SERVICES OF \$210,595 AS REVENUS ARE EXPENSED BY THE SAME AMOUNT	IN ORDER TO HAVE NO
IMPACT ON NET ASSETS. THIS IS CONFIRMED BY SCHEDULE D, PART XI AND PART XII (RECONCILI	ATION OF REVENUE AND
EXPENSES).	